

Entered - 3-27-01- sb
CL 01L0197 - ALEXIS HOLMES

01- R -1072

CLAIM OF: **DIANA BLANDI**
542 Sybil Lane
Marietta, Georgia 30067

For alleged damages sustained as a result of driving over a large
pothole in the road on February 27, 2001, at 3193 Roswell Road.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. City DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0197

Date: 6/29/01

Claimant /Victim DIANA BLANDI

BY: (Atty) _____

Address: 542 Sybil Lane Marietta, Georgia 30067

Subrogation: _____ Claim for Property damage \$ 57.23 Bodily Injury \$ _____

Date of Notice: 3/9/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/27/01 Place: 3193 Roswell Road

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damages when she drove over a large pothole in the road and blew out her right front tire. However an investigation determined that the location where the claimant alleges the incident occurred, is a State road and is the responsibility of the Department of Transportation and is not the responsibility of the City of Atlanta.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

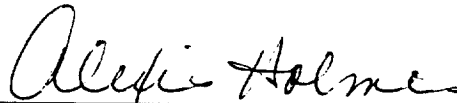
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-29-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

MAR 9 2001

RE: CLAIM FOR DAMAGES *Holmes*

Today's Date: 3/2/2001

Dear Municipal Clerk:

03-09-01 11:26
ENTERED - 3-27-01 - SB
01L0197 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 57.23 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2/27/2001 (month/day/year) 2. Time of Incident: 5:15pm 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): 3193 Roswell Rd. Buckhead

5. Name of your insurance company: Nationwide Policy No. 7710B51989

6. State what and how incident occurred: I was traveling north on Roswell Rd when I hit a large pothole in the right hand lane just before the fire station. Blown right front tire.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Nissan Stanza (Make) 1987 (Year) 367 DG (Tag Number) DIANA BLANDI (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: Talk to Fire Station men - I used their (Name) _____ (Address) _____ (Telephone Number) phone

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Diana Blandi
Signature of Claimant

DIANA BLANDI
(Print Claimant's Name)

542 SYBIL LANE
(Address)

MARIETTA, GA 30067
(City, State and Zip Code)

01-R-1072

404-881-7686 770-579-5744
(Work Number) (Home Number)